

FEE:\$ 11.05

Check payable to:
CITY OF CONCORD

PERMIT NO. _____

CITY OF CONCORD
Health Services Division
Phone 225-8580 Fax 225-8586
37 Green Street
Concord NH 03301

APPLICATION FOR RAFFLE PERMIT

Name of Organization: _____ Phone: _____

Address of Organization: _____

Name of Person in charge of raffle: _____

Address _____ Phone: _____

Purpose of raffle: _____

Method(s) to be used: _____

Location of sale of tickets: _____

Proposed dates of raffle: From: _____ To: _____

Proposed hours of raffle: From: _____ To: _____

Is organization registered under New Hampshire Law with the Secretary of State? _____

Is organization registered under New Hampshire Law with the Attorney General? _____

How long has organization been in existence? _____

Nature of organization: religious, charitable, educational, civic, veteran, fraternal: _____

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

This application must be submitted fourteen (14) days prior to the proposed dates of the raffle to allow for the processing of this application.

THIS PERMIT DOES NOT GIVE PERMISSION TO SOLICIT BUSINESS ESTABLISHMENTS WITHOUT THE OWNER'S/MANAGER'S PERMISSION.

Signature of Applicant _____ Date _____

Approved _____ Date _____

Licensing Officer